

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO.

10/018711

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DER.	IND.	DER.
1	/					
2						
3	2					
4	1					
5	8					
6	8					
7	6					
8	/					
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TOTAL IND.	2		1			
TOTAL DEP.	7		10			
TOTAL CLAIMS	9	SEARCHED	11	SEARCHED	SEARCHED	SEARCHED

*	*	*
IND.	DER.	IND.
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100		
TOTAL IND.		
TOTAL DEP.		
TOTAL CLAIMS		

* MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS